24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LINDITONIES	PAGE 1 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Congressional Leadership Fund		C C00504530		
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee The Prosper Group Corporation		Date of Public Distribution/Dissemination		
Mailing Address 435 East Main Street		11 01 2016 Amount		
Suite 250		Amount		
City State	Zip Code	131461.00		
Greenwood IN	46143	Transaction ID : 001 Date of Disbursement or Obligation		
Purpose of Expenditure Media Placement	Category/ Type 004	10 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support Office	e Sought: House District: 08		
Nolan, Rick, , ,	X Oppose	President Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought	3245685.04 Dist. 2016	ursement For: Primary General Other (specify) ▶		
Full Name of Payee	<u>'</u>	Date of Public Distribution/Dissemination		
American Media & Advocacy Group		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 815 Slaters Lane		Amount		
City State	Zip Code	792005.51		
Alexandria VA	22314	Transaction ID : 002 Date of Disbursement or Obligation		
Purpose of Expenditure Media Placement	Category/ Type 004	10 20 7 2016		
Name of Federal Candidate	Support Office	ce Sought: 🗶 House District:08		
Nolan, Rick, , ,	X Oppose	President Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought	4037690.55 Disk 201	oursement For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	>	923466.51		
(b) CUPTOTAL of the bounded by the second of Ferrandians				
(b) SUBTOTAL of Unitemized Independent Expenditures	·····			
(c) TOTAL Independent Expenditures	·····			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Crosby, Caleb, , , [El		11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	VI EXI END	71101120		PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Congressional Leadership Fund				C00504530
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee American Media & Advocacy Grou	р		M M /	Distribution/Dissemination
Mailing Address 815 Slaters Lane			Amount	01 2016
City Alexandria	State VA	Zip Code 22314	Transaction II	57942.50 D : 003
Purpose of Expenditure Media Placement		Category/ Type 004		rsement or Obligation 24 2016
Name of Federal Candidate		Support	Office Sought:	House District: 08
Nolan, Rick, , ,		X Oppose	President	Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	7	4095633.05	Disbursement For: 2016 Other (spe	Primary ✗ General ecify) ▶
Full Name of Payee DMM Media			Date of Public	Distribution/Dissemination
Mailing Address 1911 N Fort Meyer Drive Suite 400			Amount	2010
City	State VA	Zip Code	Transaction ID	14996.00
Arlington Purpose of Expenditure Media Production	VA	22209 Category/ 004		rsement or Obligation
Name of Federal Candidate		Type	_	
Nolan, Rick, , ,		Support Oppose	Office Sought:	House District: 08 Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	7 7	4110629.05	Disbursement For: 2016 Other (spe	Primary ✗ General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		>	72938.50
(b) SUBTOTAL of Unitemized Independent Expendent	itures		· ·	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Crosby, Caleb, , , Signature	[Electro	nically Filed] Date	11 / 02	2016

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ooneddie Ej	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Congressional Leadership Fund	C C00504530			
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee	Date of Public Distribution/Dissemination			
DMM Media	11 01 2016			
Mailing Address 1911 N Fort Meyer Drive	Amount			
Suite 400				
I *	p Code 2983.00			
5 **	VA 22209 Transaction ID : 005 Date of Disbursement or Obligation			
Purpose of Expenditure Media Production	Category/ Type 004 10 28 2016			
Name of Federal Candidate	Support Office Sought:			
Nolan, Rick, , ,	Oppose President Senate State: MN			
Calendar Year-To-Date Per Election for Office Sought 41	Disbursement For: Primary General 2016 Other (specify)			
Full Name of Payee	Date of Public Distribution/Dissemination			
Mailing Address	Amount			
City State Zi	p Code			
Purpose of Expenditure	Date of Disbursement or Obligation Category/ Type Date of Disbursement or Obligation			
Name of Federal Candidate	Support Office Sought: House District:			
	Oppose President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	2983.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	999388.01			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Crosby, Caleb, , , [Electronica	Illy Filed] Date 11 02 2016			
Signature				

PAGE 3

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